

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VIEW FWD NR		06-04-01
O.I.P.E. CLASSIFIER		20	6/19
FORMALITY REVIEW	S-H	1085	7-31-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	1-3-01
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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06-04-01